

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/574268

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		1				
4		3				
5		0				
6		1				
7		0				
8		0				
9		0				
10		0				
11		0				
12		0				
13		0				
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20		0				
21		0				
22		0				
23		0				
24		0				
25		0				
26		0				
27	1		1			
28		1				
29		2				
30		0				
31		0				
32		0				
33		0				
34		0				
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49						
50						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.	←		35	←		←
TOTAL CLAIMS			37			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						